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What Is Mental Hygiene?*

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The term "mental hygiene" leads to considerable confusion because, as it is used today, it frequently encompasses a number of different concepts. The dictionary defines mental hygiene as "The science and art of maintaining mental health and preventing the development of insanity and neurosis." It seems that the real meaning, however, goes beyond this concept. It will be worthwhile, therefore, to discuss briefly the different concepts of, and ways in which, this term is used.

Mental Illness

One aspect of its meaning relates to mental illness. This includes: (1) Knowledge about mental illness, its kinds and forms, its recognition, and its incidence. (2) Knowledge as to present-day methods of treatment of mental illness. We need to know something of the evolution of the methods of treatment and their effectiveness. (3) An awareness of the attitudes of the community toward the mentally ill; the general acceptance or nonacceptance of mental illness as illness and not as moral punishment and the recognition that what people do not generally understand, they fear, and the part this plays in the general attitude of the community toward mental illness. (4) Facts as to the care that the community provides for its mentally ill, its adequacies and inadequacies. This would necessarily include the realization of the expense involved and the knowledge of the different types of professional people who give care—the physicians, nurses, psychiatric social workers, psychologists, and attendants; the role and importance of this latter group is now only being generally recognized. (5) Knowledge concerning the

programs in operation for the care of the mentally deficient and the rehabilitation of these crippled individuals.

"Mental Hygiene"

Another aspect of the meaning of "mental hygiene" has to do with the knowledge of the body-mind unit which is personality functioning as whole. This implies as awareness that feelings and emotions are as potentially capable of interfering with the well-being and efficiency of the personality as are bacteria, virus, broken limbs, and metabolic upsets. It also implies the realization that one's health is in reality a reflection of one's ability to adapt to exigencies of the environment and that one's adaptive and defense mechanisms may be tested equally, for example, by the sudden loss of a loved one as by a sudden invasion of a virulent streptococcal infection. The currently popular term "psychosomatic" is being widely used to focus our attention on, and to promote, new interest in the body-mind relationship and its significance in diagnosis and therapy of certain widespread illnesses such as hypertension, hyperthyroidism, peptic ulcer, and others.

Concept of Prevention

"Mental hygiene" also carries with it the concept of prevention. Today we must admit there is no one procedure—medical, educational, or otherwise—which, once applied to an individual in the course of his life, can guarantee that he will remain mentally healthy. This is so because we are coming to accept that the ability to adapt to emotional crises in one's life experiences is a matter of growth. By growth in this sense we mean emotional growth which is to a large extent the orderly integration of life experiences which go to form the

* An excerpt from a forthcoming publication of the Mental Hygiene Society of Northern California.

individual's concept of himself as a person. In order for an individual to experience what we call mental health, the results of such growth for an individual must produce a concept of himself which he himself can respect and he must come to realize that there is some evidence that others respect him, or have affection for him.

If we have this concept of the core of the individual's mental health, then we can begin to see that the earliest of human relations are of significant importance in giving the "set" to the individual's concept of himself. Infancy and childhood experiences, simply because they precede all other experiences and are thus the framework and foundation clay of the statue to be sculptured, are of the first importance. Because of this fact it is eminently sensible that a mental hygiene society considers it worth its while to discuss and learn about such community activities as child care, prenatal care, and the attitude of its physicians to problems of this period of growth. What is done for and with those children who start off life with a tremendous blow to their self-respect, the foundlings, the babies who, for one reason or another, are separated from the mother? What happens to babies while awaiting adoption? Does the community provide care which includes warmth and affection for these children—which seems to be the only way to create this feeling of self-respect at this age—or are they merely fed and kept clean for the first few months until suitably placed? Following this line of thought, we can also ask what kind of foster care programs exist in the community.

What of the community's educational system and the attitude of its teachers? Are children subjected to any experiences which increase passiveness and feeling of unworthiness, or can they build self-confidence through learning how to create and experiencing the joy of discovery? And the same can be asked of our recreational facilities.

Do our laws, penal system, courts, and the police force have methods and procedures and personnel which further condemn the youth and adults in their own eyes who are subjected to this system? Do our institutions further frustrate and anger our miscreants in nonconstructive ways, or do these people get a chance to regain their self-respect to some degree, if they are capable of it? Is the first offender handled in the same way as the one who breaks the law for the sixth and tenth time?

What is the community attitude toward its families who need financial assistance? Are the eligibility rules and regulations such that in applying them families and individuals seeking relief are made to feel less competent or less valuable?

And then, what of family living? What is the influence of poor housing on the well-being of our families? What is the attitude of our employers in regard to hiring the aged for certain kinds of work? Are labor-management relations in the community such as to promote family security rather than threaten it? What are the attitudes of management and labor leaders?

These approaches, it would seem, could give us a growing picture of what is happening to the individual in your community. If we want to concern ourselves with preventive mental health, then it is incumbent upon us to know what happens to the individual before he becomes ill. This we can only do by knowing something about family life, customs, and attitudes, what happens to our individual in the nursery, the founding home, the hospital, the school, the playground, the factory, and the courts and penal institutions.

Therefore, let a community study itself, and once this is done, the citizens themselves begin to see the gaps as well as the strong points of its services. If the citizens themselves discover this, they can then formulate plans to remedy the situation. Such plans will work because they are originated by the community itself and are theirs.

As a leader in such a process, a local mental hygiene society can become one of the most valuable and satisfying of community agencies in the promotion of the total health or well-being of its citizens.

Members of such a society can learn to understand the behavior of their acquaintances, their neighbors, their employers or employees, their students, their friends, their children or parents, their husbands or wives, and most important of all, themselves. A universal application of mental hygiene concepts to daily living, to family life, to international relations could conceivably lead toward happiness for individuals and family groups, even to peace for the world.

Selected References on Mental Health

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3. *Managing Your Mind*, by Kraines and Thetford. Macmillan. \$2.75.
4. *On Being A Real Person*, by Dr. H. E. Fosdick. Harpers, 1943. \$2.50.
5. *The Substance of Mental Health*, by G. H. Preston. Farrar and Rinehart, 1943. \$1.50.
6. *Psychiatry for the Curious*, by G. H. Preston, Farrar and Rinehart, 1943. \$1.50.
7. *Man Against Himself*, by K. A. Menninger. New York; Harcourt, 1938. \$3.75.
8. *The Doctor's Job*, by Carl A. Binger. W. W. Norton and Company, 1945.

Correction

The "Immunize Against Diphtheria" billboards mentioned in the April 30th issue of this publication were sponsored by the Los Angeles *City*, not County, Health Department.

County Examination Announcements

Two county health departments have announced examinations for key staff members.

In San Diego County, applicants are being accepted for the position of *Chief, Bureau of Preventive Medical Services*. Applicant must hold an M.D. Degree and have training or experience in public health. Salary range for the position is \$587-\$647. Forms for application should be obtained from Room 402 Civic Center, San Diego 1. The final date on which application will be accepted is June 15th.

In Contra Costa County, applications for *Supervising Sanitarian* will be accepted until June 15th. All those applying must be registered sanitarians. Application forms are available from Room 205, County Court House, Martinez, California.

Engineer Sought for Position in Los Angeles County

The Los Angeles County Civil Service Commission is seeking a registered civil engineer for a \$417 a month position in the Industrial Waste Division of the Surveyor and Engineer Departments of Los Angeles County.

The person employed in this position will head a section of the division concerned with the treatment and disposal of industrial and other wastes, the determination of the character and methods for safe disposal of wastes; research, tests, industrial surveys and the approving of plans.

Registered engineers with one year's recent professional experience are urged to apply. Full information and applications may be secured from Room 102, Hall of Records, Los Angeles 12, California.

Local Laboratories Inspected

Inspections of all laboratories in the State are now being made by the Division of Laboratories in accordance with provisions of the Clinical Laboratory Act.

Personnel licensure and other matters are being checked in personal visits to the laboratories. At the same time, assistance is being given wherever needed on methods of laboratory techniques and operation. During April, approximately 125 laboratories were visited.

Formation of Community Emergency Service Councils Sought

"Disaster relief is a community responsibility and not the function of any single agency."

With this statement the American Red Cross, the California State Department of Public Health and other state agencies are urging the creation of community groups to plan and organize for emergency relief in the event of emergency disaster situations.

California has resources to meet almost any isolated disaster. During the war, local facilities were mobilized and ready for emergencies. It is up to communities to make sure that all resources are organized in peacetime so that they can be mobilized if needed.

Community emergency medical service organizations should be set up as a coordinated organization with final responsibility under one head designated by both official and voluntary agencies. To best meet any situation, there should be one head of all emergency medical care and hospitalization.

If the health officer is designated as the head of community emergency medical services, it has been suggested that the chairman of the local Red Cross medical subcommittee be his deputy. Or, if the Red Cross chairman is appointed chief of emergency service, the health officer should serve as his deputy. In this way, all of the community emergency medical resources can act as a unit when called on.

To the question of what is the function of local health departments in disaster, the State Department of Public Health suggests these responsibilities with variation in each area to meet the local governmental set-up:

1. Prevention of communicable disease, including special immunization.
2. Emergency medical and hospital services where designated.
3. Supervision and safeguarding water supplies, unless this responsibility is definitely delegated to some other department.
4. Food sanitation, including inspection and analysis of damaged food.
5. General sanitation.

In the advent of an emergency, state agencies will come to the aid of local communities if or when local resources and organization become inadequate to meet the situation.

X-ray Equipment Distributed

Five X-ray machines and two fluoroscopic units on loan to the Los Angeles County Health Department by the State Department of Public Health have been installed in district offices throughout the county.

An Example of Department Industrial Nursing Activities

Since 1942 industrial nursing consultation has been offered to nurses and to industry as a part of the service of the Bureau of Adult Health, State Department of Public Health. Primary objective has been to improve health services to industrial workers. The approach has been through working with labor and management, nursing groups, community groups and local health departments.

Requests for nursing services come from management, labor, nurses, and other community agencies. Here is the story of one plant: Recently, a nursing visit was requested by the manager of a large firm employing well over 1,000 workers. This plant had never had a well organized first aid, safety or health program. Their accident rates, absenteeism, and labor turnover were high and costly. This company had decided that perhaps a good plant health service might help solve some of these problems. To plan such a program, they felt the need of professional skill and counsel.

Assistance was first given by finding a very capable and well qualified industrial nurse. She was employed immediately, and has helped this plant develop a very sound health and safety program. Since this nurse was employed less than a year ago, this plant has made rapid progress. A dispensary has been built and equipped, and good records have been established. A plant safety survey has been made by a qualified safety engineer, and upon these studies a safety program has been launched. The nurse is secretary of the plant safety committee, and her monthly reports of accidents and illness are reviewed to find points of greatest need.

Cafeteria Assisted

The plant cafeteria has been given assistance in improving its nutrition and sanitation standards. Food handlers' classes have been arranged. Part-time medical supervision has been added, and preplacement examinations have been started. Health education and counseling have been the keystone of this nurse's program and will continue to spread, so that workers in this plant will be given professional guidance with all their health and related social problems. This service also extends to families and friends of workers. Several handicapped workers have been selected for special training and suitable jobs for them have been found and secured in this plant.

Throughout the development of this program, constant assistance has been given by the industrial nursing consultant. Reference materials on all phases of this program have been gathered and loaned to this nurse. Services of other members of this bureau have been made available and used by this plant. A request

for a complete engineering study of the plant has been made to give further guidance in eliminating all hazards of employment.

The experience has been duplicated many times in other industrial establishments. The industrial nursing consultant frequently plays the role of stimulator, educator and coordinator in the development of industrial health services.

Effectiveness of Ambulatory Therapy Shown in Oakland Study

Ambulatory treatment of syphilis has proved to be an effective method of meeting the treatment problem in a one-year study conducted by the Oakland City Health Department.

From May of 1947, through April of 1948, 952 syphilis cases were treated with penicillin on an ambulatory basis. A total of 96.3 percent of these completed treatments and 80 percent of those treated did not miss a single appointment.

Reports of other places where ambulatory treatment has been used show similar results.

In the opinion of venereal disease control experts, these findings mean that many health departments will be changing over to this type of treatment, reserving hospital beds for special cases.

Provisional 1947 Statistics Indicate Low Infant Death Rate

Provisional infant mortality rates for 1947 reveal that the State may have reached a new all-time low in this important figure last year. The provisional rate for 1947 is 29.2 deaths per 1,000 live births. The 1946 infant mortality rate was 30.8. Total infant deaths in 1946 numbered 6,675; the provisional 1947 figure is 7,191.

Provisional figures for births and total deaths in 1947 are compared with 1946 statistics below. Death rates are per 1,000 estimated total population and birth rates are per 1,000 estimated civilian population as of July 1st in the year being considered.

	1946		1947 (Provisional)	
	Number	Rate	Number	Rate
Total deaths	95,015	9.9	96,736	9.8
Live births	217,008	23.2	245,972	25.3

Annual Mussel Quarantine

The annual quarantine on mussels is now in effect along the California coast from Oregon to Mexico.

Quarantine action is taken each year because a toxic organism present in sea water during spring and summer months poisons mussels which feed on it.

Attorney General's Opinion on Eligibility of County Hospitals for Construction Funds

Under certain circumstances, county hospitals may be eligible for hospital construction funds made available by federal legislation. This opinion was given by the Attorney General of California in response to the following two questions by the California State Department of Public Health:

1. Does a county hospital render a community service according to the meaning of Public Law 725?
2. Are county hospitals subject to standards of maintenance and operations as is required by Public Law 725?

The opinion is reprinted in full below:

It is our understanding that the expression "community service" which hospitals to be eligible for such funds must render is a general nondiscriminatory service to those in need of hospitalization in the area served by the hospital without respect to the ability of the persons seeking service to pay a part or the whole of the value thereof. While county hospitals have in the past usually furnished hospitalization only to indigent and emergency cases, we find no inhibition or restriction to a county's providing hospitalization for the purposes and under the conditions contemplated by the federal act above cited. Such activity is expressly included in Section 432.6 of the Health and Safety Code dealing with this subject. In some instances it may be necessary for the county to act through appropriate county legislation, but this is a matter of local legislative policy, which will, of course, have been determined in connection with the proposal to operate a hospital in contemplation of said federal act and the amendments of the Health and Safety Code adopted during 1947 (Chapters 327 and 1486) to implement the federal legislation.

Second Question

Your second question is whether the standards which are to be adopted by the State Board of Public Health for the governance of licensed hospitals that are eligible to the funds provided by the federal act are binding upon and enforceable as against counties of this State in the event such counties apply for consideration under the federal act and corollary state legislation. The Health and Safety Code provisions conferring powers upon the State Board of Public Health for exercise in this connection expressly exempt counties from the persons and public agencies that are required to secure a license in order to conduct a hospital. It follows, therefore, that county hospitals, whether otherwise eligible to and apply for funds under the federal and state acts, will not be subject to licensure in any event. The Legislature by amendment to the Health and Safety Code during 1947 has, however, provided in Section 432.6 (as amended by Chapter 1486) and Section 432.4 provided an affirmative answer to your second question. Section 432.4 as added by Chapter 327, reads as follows:

"The department shall by regulation prescribe minimum standards for the maintenance and operation of hospitals which receive federal aid for construction under the state plan."

and Section 432.6 as added by said chapter and amended by Chapter 1486, reads as follows:

"Applications for hospital construction projects for which federal funds are requested shall be submitted to the department, and may be submitted by the State or any political subdivision thereof or by any public or nonprofit agency authorized to construct and operate a hospital. Each application for a construction project shall conform to federal and state requirements, and shall be submitted in the manner and form prescribed by the department.

"Any county which applies for or accepts federal funds for any hospital does so on condition that the hospital for which assistance is requested and accepted, at all times during which it is operated, (a) shall be qualified for a license under Chapter 2 of Division 2 of this code (whether or not said Chapter 2 is otherwise applicable to the hospital), and be subject to inspection under said Chapter 2 to the same extent as are other hospitals to which said Chapter 2 applies; and (b) shall not restrict patients to those unable to pay for their care."

It is clear that a county applying under the sections above quoted applies for the funds therein specified upon the precise terms and conditions specified in said sections and by so applying, assumes and becomes bound by these provisions, including the obligation and duty to maintain and operate, at all times during which the hospital, for which such funds are applied for and accepted, is operated:

(1) To be and remain qualified for license under the Hospital Licensing Act;

(2) To be and remain subject to inspection under the latter act to the same extent as licensed hospitals; and

(3) Not to restrict patients to those unable to pay for their care.

Notwithstanding the fact that the county does not become subject to license, the county as such and its officers are required to carry out the statutory obligations imposed by Section 432.6 with respect to each of the three subjects just enumerated. Such statutory obligations and duties are enforceable, in the event they are not otherwise complied with, by a number of established means, including penal sanctions, removal from office and civil liability for damages to those injured by a failure to comply with the obligations and perform the statutory duties so imposed upon the acceptance of such federal funds. A further and specific means of directly enforcing these obligations and duties is provided by the provisions of the Code of Civil Procedure authorizing the issuance of a writ of mandate under such circumstances (see particularly Sections 1084, et seq.). We are advised, informally, that these means of enforcement satisfy the requirements of the federal act as interpreted by the officers of the United States charged with its administration.

You are, therefore, advised that a county applying for and receiving funds available under Public Law 725, Seventy-ninth Congress, and the Health and Safety Code provisions implementing the same are eligible to such funds, and upon acceptance of the same become obligated by the standards adopted by the State Board of Public Health as contemplated by said statutes, which obligation is enforceable under the laws of the State as against such county, its officers and employees exercising authority with respect to such hospital.

Santa Cruz County Passes Milk Pasteurization Ordinance

An ordinance providing for the pasteurization of all milk produced or sold in the area will soon be in effect in Santa Cruz County.

The measure was sponsored by the Watsonville and Santa Cruz chapters of the Santa Cruz County Health Council and had the support of many other individuals and groups, including the Santa Cruz Farm Bureau Federation.

Earlier in the year a survey by the health council had revealed the need for legislation to protect the public against brucellosis, which has been an important public health problem in the area. Following the survey, an educational campaign was carried on to inform the citizens of this finding and to enlist community support for action against this disease. As a result, the county board of supervisors passed into law on May 7th the following ordinance:

Santa Cruz County Milk Ordinance

SECTION 1. It shall be unlawful for any person, firm or corporation, or agent or employee of any person, firm, or corporation to furnish, sell or offer for sale, distribute, or have in possession for sale or distribution any milk or cream for human consumption as milk or cream unless it conforms to the standards of grading and to the requirements for the production of milk and cream established by the Pure Milk Law, Chapter 390, Statutes of 1923 of the State of California and amendments thereto, and the rules and regulations of the State Department of Agriculture now in force or which may hereafter be enacted or adopted.

SECTION 2. There is hereby created a milk inspecting department which shall be operated under the supervision of the county health officer and conducted so that it shall meet the approval of the State Department of Agriculture; and the board of supervisors shall appoint a dairy inspector and such assistants as may be necessary to carry out the provisions of this ordinance, the salaries of such inspector and assistants to be hereafter fixed by the board of supervisors.

SECTION 3. It shall be unlawful for any person, firm, or corporation, or agent or employee of any person, firm, or corporation to offer for sale whole milk as Grade A milk, unless the same contains at least 3.5 percent butterfat.

SECTION 4. It shall be unlawful for any person, firm or corporation, or agent or employee of any person, firm or corporation to sell, or offer for sale, distrib-

ute, or have in possession for sale or distribution any milk as Grade A milk, either raw or pasteurized unless it has been produced by nonreacting tuberculin tested cows as determined by a test applied annually by an approved veterinarian under the supervision of the California State Department of Agriculture. The provisions of this section shall also apply to market cream.

SECTION 5. When any person, firm or corporation, or their agents, carry on the production or sale of butter, cheese, condensed milk, or other products in connection with the production or handling of fluid milk or cream in the same or adjoining buildings, a complete set of vats, coolers, pasteurizers, and all other utensils necessary shall be maintained and used exclusively for the products of fluid milk and cream. In no case shall the same cans or containers be used for any purpose other than the holding of fluid milk or cream from approved sources.

SECTION 6. Any and all milk and cream offered for sale to the ultimate consumer in lots of less than one gallon as pasteurized milk or cream must be bottled and capped immediately after the cooling process following pasteurization has been completed. The pasteurizing, cooling, and bottling of such milk must be one continuous process carried to completion before offered for sale.

Wholesale fluid, pasteurized milk or cream, may be offered for sale in lots of more than one gallon in suitable containers that must also be filled directly after the processes of pasteurization are completed, and stored in such until delivery.

SECTION 7. No person, firm, or corporation shall give, sell, furnish, or offer for sale, any certified, guaranteed, Grade A, or Grade B milk or milk intended for pasteurization, without first having obtained a permit from the dairy inspector. Such permit may be revoked at any time for violation of any of the provisions of this ordinance or any of the provisions of the Pure Milk Law, Chapter 390, Statutes 1923 of the State of California and amendments thereto.

SECTION 8. No person, firm, or corporation shall give, sell, furnish, or offer for sale in Santa Cruz County any market milk or market cream as defined in the Agricultural Code of the State of California, until it has been pasteurized by the holding method as defined in Sections 631 and 634 of said code. All persons engaged in the pasteurizing and bottling of said market milk or cream shall be required to exercise scrupulous cleanliness and must not harbor the germs of typhoid fever, tuberculosis, diphtheria, or other communicable diseases liable to be conveyed through the milk or cream. Absence of such communicable dis-

ease may be determined by cultures and physical examination to the satisfaction of the county health officer.

This section shall not apply to milk or cream produced from dairies where no two cows freshen within four consecutive months.

SECTION 9. All raw market milk or cream which may be legally sold or distributed under the provision of this ordinance shall be produced from animals free from Bang's disease (brucellosis) as determined by tests applied by an approved veterinarian. Any serological examinations necessary in connection with these tests shall be made in a laboratory approved by the county health officer.

All producing animals shall be tested just prior to the sale or distribution of such raw market milk or cream, and annually thereafter. All animals found to be free from the disease shall be properly identified by means of a certificate signed and issued by the veterinarian in duplicate; one copy of which shall be given the owner, and the other filed by the county health officer.

All reacting animals shall be immediately removed from the premises where raw market milk or cream is produced, or distributed.

SECTION 10. Any person, firm or corporation violating any of the provisions of this ordinance shall be guilty of a misdemeanor, punishable by a fine of not less than \$25 nor more than \$500 or not more than 90 days in the county jail, or by both such fine and imprisonment.

SECTION 11. This ordinance shall take effect 30 days after the date of its passage and shall within 15 days from the date of its passage be published in the _____, a newspaper of general circulation printed and published in the said County of Santa Cruz, as provided by law.

Local Health Officer Changes

Dr. Harold D. Chope has been appointed health officer of San Mateo County. Dr. Chope was formerly assistant health officer of the San Joaquin Local Health District.

In another local change this month, the newly incorporated city of Port Hueneme came under the public health supervision of the Ventura County Health Department.

Rats comprise more than one-third of the earth's population of mammals, thus being the most numerous single species. There have been 554 forms described.

V.D. Demonstration Project Underway in Santa Clara County

A venereal disease demonstration project, sponsored by the Palo Alto City, Santa Clara County, and San Jose City Health Departments; the County Medical Society; the State Department of Public Health; and the U. S. Public Health Service, is underway in Santa Clara County.

The purpose of the study is two-fold:

1. To demonstrate that strengthening of the private physician and health department relationship, as an essential of a sound venereal disease control program and upon a continuing basis, will result in increasing the number of patients under the care of private physicians.
2. To demonstrate that a public information program, integrated with the general health education program and upon a continuing basis, will result in accelerated case finding both for the private physician and the health departments.

An executive committee is directing the project. Members of the committee are health officers Louis Olsen, Palo Alto; Dwight M. Bissell, M.D., San Jose; W. Elwyn Turner, M.D., Santa Clara County; and Joseph Donovan, Executive Secretary, Santa Clara County Medical Society. Dr. Turner is chairman of the committee.

U. C. Postgraduate Courses

The University of California Medical School has announced the following postgraduate courses for qualified physicians:

June 21-25: Internal Medicine and General Surgery.
August 30-November 19: Psychiatry and Neurology.
September 13-17: Diseases of the Chest.

Those desiring further information should communicate with Dr. Stacy R. Mettier, Head of Postgraduate Instruction, Medical Extension, U. C. Medical Center, San Francisco 22, California.

More About Mary Hurley's Appointment

The appointment of Miss Mary Hurley to the staff of the State Department of Education was announced in the April 15, 1948, issue of *California's Health*.

However, Mrs. Cecyl Havelin will continue to be Director of the California Community Health Education Project as well as Health Education Consultant for the Department of Education. Miss Hurley will serve as assistant in both jobs.

Items from the 1948-49 Budget of the State Health Department

Funds totaling more than \$12,000,000 were appropriated to the State Department of Public Health by the State Legislature at its 1948 Budget Session.

During the coming fiscal year \$2,835,776 will be available for state aid to local health departments meeting approved standards. This is slightly more than was available for this purpose in the 1947-48 Fiscal Year.

Other appropriations for the department are:

Hospital construction	\$2,000,000
Mosquito control	400,000
Tuberculosis subsidies	3,600,000

Funds for the general support of other department activities totaled approximately \$3,500,000.

A staff of slightly over 800 members was provided for in the budget.

San Luis Obispo Survey

Over 3,200 people were X-rayed in a mass survey during April which was carried out in San Luis Obispo County with a mobile unit operated by the State Department of Public Health.

The project was jointly sponsored by the local health department and tuberculosis association. Follow-ups will be carried out by private physicians and the county health departments.

Plague Demonstrated in Siskiyou

Bubonic plague has been demonstrated in a pool of 278 fleas from squirrels collected by State Department of Public Health rodent survey crews in Siskiyou County. The squirrels were collected in April.

Damage by rats costs this country two billion dollars every year.

A rat can eat 50 pounds of grain a year, and in so doing, he contaminates or damages another 100 pounds.

Modern poisons properly applied can kill 98 to 100 percent of the rats in a city block—and they won't return in their former numbers for two years. But if the killing takes place on only a single building, the rats will be back in a few weeks.

California Morbidity Report—April, 1948

Civilian Cases

Reportable diseases	Week ending				Total cases	5-yr. median	April, 1947
	4/10	4/17	4/24	5/1			
Amebiasis (amoebic dysentery)	10	6	8	9	33		
Anthrax	1	1			2		
Botulism					41		
Chancroid	15	11	9	6			
Chickenpox (varicella)	1,958	1,692	1,832	1,571	7,053	6,046	
Cholera, Asiatic							
Coccidioides granuloma		1	1	3	5		
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)	2		1		3		
Dengue							
Diarrhea of the newborn							
Diphtheria	4	7	12	8	31	74	
Dysentery, bacillary	5	4	1	16	26		
Encephalitis, infectious						5	
Epilepsy	17	39	32	42	130		
Food poisoning					15		
German measles (rubella)	164	170	172	176	682		
Glanders							
Gonococcus infection	586	448	627	571	2,232	1,931	
Granuloma inguinale				3	4		
Influenza, epidemic	34	53	42	6	135	138	
Jaundice, infectious		1			1		
Leprosy	1		2		3		
Lymphogranuloma venereum (lymphopatia venereum, lymphogranuloma inguinale)	12	6	6	7	31		
Malaria						10	
Measles (rubeola)	3,553	3,529	3,453	4,147	14,682	5,800	
Meningitis, meningococci	5	4	7	4	20	89	
Mumps (parotitis)	1,144	1,199	953	1,367	4,063	2,524	
Paratyphoid fever, A, B and C		2	4	1	7		
Plague							
Pneumonia, infectious	38	24	42	26	130	288	
Poliomyelitis, acute anterior	4	2	2	2	10	19	
Psittacosis							
Rabies, human							
Rabies, animal	7	7	7	5	26	79	
Relapsing fever							
Rheumatic fever	18	22	18	13	71		
Rocky Mountain spotted fever							
Scarlet fever	32	109	84	90	315	748	
Streptococcus sore throat	11	10	13	9	43		
Smallpox (variola)						0	
Syphilis	471	304	452	397	1,624	2,096	
Tetanus	1				1		
Trachoma							
Trichinosis	3		2	3	8		
Tuberculosis, pulmonary	129	160	166	188	643	657	
Tuberculosis, other forms	6	10	12	16	44	37	
Tularemia							
Typhoid fever	3		3	3	9	11	
Typhus fever	2				2		
Undulant fever (brucellosis)		3	6	1	10	23	
Whooping cough (pertussis)	104	105	92	117	418	1,345	
Yellow fever							
Totals					33,203		

Southern California Convention

A convention of the Southern California Public Health Association will be held in San Diego, June 11th and 12th.

Headquarters for the meeting will be the Hotel San Diego.

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